



PAID RESEARCH REQUEST FORM

Information requests may be made into collections stored at the Archives & Records Management Office (A&RM), especially those that are closed to the public. Please tell us what research question you are trying to answer and give us as much information as you can. Research will be completed by A&RM staff for a flat fee of **\$25 an hour**. No research will be released until payment has been received. Please mail this form and a check, cashier's check, or money order to: Diocese of St. Augustine Attn: Fiscal, 11625 Old St. Augustine Road Jacksonville, FL 32258. Please **do not use this form for genealogy research**. If making a genealogy, please use the "Sacramental Information Request form."

Researcher Contact Information

First Name:	_____	Last Name:	_____
Address:	_____		
City:	_____	State/Zip:	_____
Phone:	_____	E-mail:	_____
Institution:	_____	Level of Study:	_____

Time Requested for Research

(Checks may be made out to Catholic Diocese of St. Augustine. No research will be released before payment has been received.)

1 hour 2 hours 3 hours 4 hours other: _____ hours
 as many as required (you will be invoiced for our time at \$25 per hour)

Research Topic/Question

Summary of Information Already Gathered

